



**TOWN OF WESTMINSTER**  
11 South Street  
WESTMINSTER, MASSACHUSETTS 01473  
(978) 874-7409 • Fax (978) 874-7460  
**BOARD OF HEALTH**

**APPLICATION FOR A LICENSE TO OPERATE A TANNING FACILITY**

**\*A copy of your customer consent form and your operating and safety procedures needs to be submitted with this application \***

**Name of Facility**\_\_\_\_\_

**Address**\_\_\_\_\_

**Phone Number**\_\_\_\_\_

**Days & Hours of Operation**\_\_\_\_\_

**Owner's Name**\_\_\_\_\_ **Phone #**\_\_\_\_\_

**Address**\_\_\_\_\_

**Number of Tanning Booths**\_\_\_\_\_

**Booth # 1. Manufacturer**\_\_\_\_\_ **Model Year**\_\_\_\_\_

**Model #**\_\_\_\_\_ **Serial #**\_\_\_\_\_

**Booth # 2. Manufacturer**\_\_\_\_\_ **Model Year**\_\_\_\_\_

**Model #**\_\_\_\_\_ **Serial #**\_\_\_\_\_

**Name and address of the tanning device supplier, installer, and service agent:**

\_\_\_\_\_



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\_\_\_\_ Please include a copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.012 (D 2 & 3)

\_\_\_\_ Please include a copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.

\_\_\_\_ Training certificate to be attached (unless we have on file). Permits not to be issued without proof of training by an approved source.

*I have read the Regulations and understand my responsibilities under the law;*

yes \_\_\_\_\_ *no* \_\_\_\_\_ \*

*\*If no, please call this office immediately*

Signature of Applicant \_\_\_\_\_